



EXPRESS MAIL NO.:

**APPLICATION DATA SHEET**

**Application Information**

Application number:: 10/564,585  
Filing Date:: 07/14/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:  
Computer Readable Form (CRF)?:  
Number of copies of CRF::  
Title :: METHODS AND COMPOSITIONS FOR  
DIAGNOSIS, STAGING AND PROGNOSIS OF  
PROSTATE CANCER  
Attorney Docket Number:: 61835-3  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?: Yes  
Petition included?: No  
Petition Type::  
Licensed U.S. Gov't Agency:: No  
Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

## First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Krishna
Middle Name::	V.
Family Name::	Donkena
Name Suffix::	
City of Residence::	Rochester
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	2076 11 <sup>th</sup> Avenue SE, Apt. A
City of mailing address::	Rochester
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55904

## Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Charles
Middle Name::	Y.F.
Family Name::	Young
Name Suffix::	
City of Residence::	Rochester
State or Province of Residence::	MN

Country of Residence::	US
Street of mailing address::	5100 St. Mary Drive NW
City of mailing address::	Rochester
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55901

### **Third Applicant Information**

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

#### **Fourth Applicant Information**

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

#### **Correspondence Information**

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

### Representative Information

Representative Customer Number::		<b>22504</b>
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### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/US04/22850	07/14/04
PCT/US04/22850	Non-provisional of	60/487,553	07/14/03

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name::	Mayo Foundation for Medical Education and Research
Street of mailing address::	200 First Street SW
City of mailing address::	Rochester
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55905-0001